
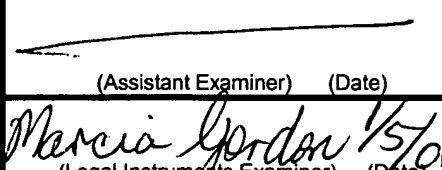
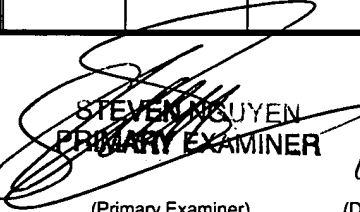
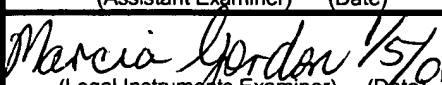


Issue Classification 	Application/Control No.	Applicant(s)/Patent under Reexamination	
	09/332,050	HOLLER ET AL.	
	Examiner	Art Unit	
	Steven HD Nguyen	2665	

ISSUE CLASSIFICATION												
ORIGINAL					CROSS REFERENCE(S)							
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)						
370		352			370	395.53						
INTERNATIONAL CLASSIFICATION												
H	0	4	L	12/66								
H	0	4	L	12/56								
				/								
				/								
				/								
 (Assistant Examiner) (Date)					 STEVEN NGUYEN PRIMARY EXAMINER (Primary Examiner) (Date)					Total Claims Allowed: 14		
 (Legal Instruments Examiner) (Date)										O.G. Print Claim(s) 1	O.G. Print Fig. 6	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
Final	Original		Final	Original		Final	Original		Final	Original		Final	Original		Final	Original			
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SERIAL NUMBER 09/332,050	FILING DATE 06/14/99	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. 2466-29
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APPLICANT

JAN HOLLER, STOCKHOLM, SWEDEN; LENNART NORELL, ALVSJO, SWEDEN.

CONTINUING DOMESTIC DATA***

VERIFIED THIS APPLN IS A CON OF PCT/SE97/02189 12/19/97

yes

371 (NAT'L STAGE) DATA***

VERIFIED

NA

FOREIGN APPLICATIONS***

VERIFIED SWEDEN 9604734-5 12/20/96

yes

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/06/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEX	SHEETS DRAWING 11	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Initials <u>SD</u> Initials <u>SD</u>				

ADDRESS

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TITLE

ATM NETWORK PROVIDING TRANSPARENTLY NARROWBAND BASED TELEPHONY
SERVICES WITHOUT REQUIRING ATM-SWITCHING

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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